

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me/</i>		09/21/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>fa</i>	720 <sup>21</sup>	10/4/01
RESPONSE FORMALITY REVIEW	<i>H.I.</i>	1074	10-17-01
			03/04/02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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SC-859  
 10/17  
 617  
 3-4-02